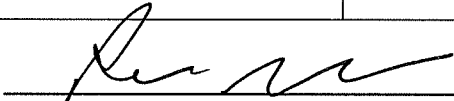


**ESSEX POLICE DEPARTMENT**  
Department Directive



Date Issued: 03-19-2021	Number: 1.3.11
<b>Response To Persons In Crisis</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Amends <input type="checkbox"/> Rescinds
Authorized Signature: 	Chief of Police
<i>This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.</i>	
Date Implemented: 03-19-2021	Review Date: 01-01-2022

**1.0 PURPOSE**

1.1 The purpose of this policy is to establish guidance when responding to incidents in which members of the public are experiencing a crisis event. A significant number of police responses are fueled by those community members suffering from an unmet social need. These types of calls demonstrate a complexity not always present with other calls for service; persons with diminished capacities may present irrational, unpredictable, threatening, or in other ways that are incongruent with societal norms.

**2.0 POLICY**

2.1 It is the policy of the Essex Police Department (EPD) to make all efforts to safely resolve issues involving persons experiencing a crisis event and intersect those in need with the services available. Officers should make all attempts to use the tenants of active listening and de-escalation when dealing with those in crisis.

2.2 The Essex Police Department will work with community partners including, but not limited to, the Howard Center, the Chittenden County State's Attorney's

Office, the University of Vermont Medical Center, ACT1, First Call, Community Outreach and others to provide these services.

- 2.3 This policy is intended to supplement procedures outlined in EPD Response to Resistance (2.5.1) and is not intended to replace procedures outlined in those policies.

### 3.0 DEFINITIONS

- 3.1 **Dangerous person in crisis:** A person who is exhibiting signs of mental crisis and presents a substantial risk of serious harm to self or another person or persons within the near future as manifested by evidence of recent acts or threats of violence or by placing others in reasonable fear of such harm.
- 3.2 **Mental Crisis:** This policy does not require officers make or provide guidance for a diagnosis of whether the subject is mentally ill or what form of mental illness the subject may have but rather to use reasonable judgment to recognize behavior which is generally associated with a person in crisis from a lay person's perspective.
- 3.3 **Persons in crisis:** This refers to a segment of the community officers will be expected to assist, including all persons encountered in the field who exhibit subjectively unusual behaviors. In this context, a person with substantially impaired capacity to use self-control, judgment, or discretion in the conduct of the person's affairs and social relations, associated with maladaptive behavior or recognized emotional symptoms where impaired capacity, maladaptive behavior, or emotional symptoms can be related to physiological, psychological or social factors. These outward observable symptoms could be the result of intoxication, drug use, suicidal indications, mental illness or medical complications.

### 4.0 PROCEDURES

- 4.1 Upon receiving complaints involving persons in crisis, the dispatcher receiving the call shall obtain as much information about the involved person including whether they have a history of similar behavior, whether they are armed or have access to weapons, whether they have a history of violent behavior, etc.
- 4.2 When possible, two (2) officers shall be dispatched to an incident involving a person in crisis. Officers unexpectedly encountering such persons shall request backup and, if possible and reasonable, wait to engage the person.

- 4.3 If a response warrants the use of lights and sirens, officers should consider (if safe to do so) reducing the use shortly before arriving on scene in order to mitigate escalation of behavior.
- 4.4 Officers responding to calls involving persons in crisis should consider using de-escalation tactics including communication, time, distance, or scene management as outlined in 2.5.1 Response to Resistance.
- 4.5 Upon arriving and interacting with a person in crisis, officers should make an assessment upon what resources, if any, may be appropriate to help the person.

## **5.0 Indicators of Diminished Capacity**

- 5.1 A person in crisis may display any number of indicators and officers should be aware of the options they have to offer support. Information should be gathered from officer observations, feedback from medical or mental health professionals, and other law enforcement specific information including recent incidents, bulletins, etc.
- 5.2 A person in crisis may display any number of indicators which could include and are not limited to:
  - i. Severe changes in behavioral patterns and attitudes
  - ii. Unusual mannerisms
  - iii. Loss of memory / disorientation
  - iv. Hostility to or distrust of others
  - v. Lack of cooperation and tendency to argue
  - vi. Known history of mental illness
  - vii. Unresponsiveness to social cues
  - viii. Distracted/ inattentive behavior
  - ix. Impaired judgment
  - x. Substance intoxication
  - xi. Grandiosity-exaggerated self-appraisal
  - xii. Rapid, hard to interrupt speech
  - xiii. Suicidal statements, hopelessness, or irrational guilt
  - xiv. Paranoia
  - xv. Responding to voices/ one-sided conversations

## **6.0 Resources**

- 6.1 There are a variety of resources that may be available to a person in crisis. It is important to note that the resources listed here are not exclusive, and instead are

representative of the most commonly used resources in the area. Additionally, it is important not to discount other resources, including family members and friends; family can often advocate on behalf of a person suffering a crisis event more effectively due to their historical perspective and established relationships.

**6.2 ACT 1:**

- (i) ACT 1 is a detoxification facility which has staff trained to supervise persons of a reduced mental capacity based specifically on alcohol.

**6.3 Crisis Hotline/ First Call:**

- (i) Persons experiencing crisis or wishing to have mental health related assistance may be referred to the Crisis services or First Call hotlines. These services may be used to help refer caller to services, provide help to those in need and/or schedule follow-up services or referrals.

**6.4 Chittenden County State's Attorney's Office:**

- (i) Mental health struggles play a significant role in crime in Chittenden County. At times, officers are left with little alternative but to arrest a person committing crime and struggling with mental health to offer them services.
- (ii) Officers should consider the use of affidavits as a way to articulate mental health struggles of defendants. State's Attorneys are able to work with defense counsel to obtain treatment as part of negotiated conditions or pleas.

**6.5 Howard Center:**

- (i) The Howard Center is the predominant mental health resource group in Chittenden County; the organization offers physical locations for mental health services available in the Essex area. Additionally, the Essex Police Department has paired with the Howard Center to have clinicians embedded with this agency. Howard Center clinicians are supplemental staff to Essex Police Department; while oversight of scenes operationally is the decision of the Officer in Charge, administrative oversight of this program rests with the Howard Center.
- (ii) Howard Center Community Outreach clinicians have special education and training. They are trained to help those experiencing mental health crises,

and also to offer services to those who may be impacted due to mental health struggles.

- (iii) Howard Center Community Outreach clinicians should be called upon when officers believe there may be a mental health component to a call for service as they may be able to offer resources or support where the police cannot.
- (iv) Dispatchers, and officers, are authorized to screen incidents as they are reported and assign them to Community Outreach in lieu of a police officer response. When doing so, the on-duty supervisor, or senior officer on duty, will be consulted. This process is designed to assure the most appropriate services to the individual in need.
- (v) Types of incidents that may be diverted may include homelessness, trespassing, persons in need of services, etc. When screening calls, members should consider the safety aspects of a particular call when deciding to divert a call to Community Outreach or whether a joint response with law enforcement is needed. When in doubt as to whether a case fits the capabilities, a joint response should be assigned.
- (vi) The dispatcher should create an incident and assign an officer to the incident even though Community Outreach is handling the incident. The assigned officer should be sure to indicate that Crisis Services were involved via the incident detail check box.
- (vii) Unless emergent, calls after hours can be assigned, and Outreach notified for follow up the next day via email.
- (viii) If a caller specifically refuses Community Outreach or requests an officer, the dispatcher should send an officer and notify Outreach.
- (ix) Howard Center Community Outreach clinicians may also elect to respond to certain incidents without police assistance, particularly if the person involved is not believed to be violent and has not displayed a history of violence.
- (x) In the event that a Howard Center Community Outreach clinician is unavailable to respond to a call for service with a mental health component, the officer shall notify Howard staff via email using the established email group. This will also be noted and provided to Howard Center for purposes of tracking staffing.

**6.6 UVM Medical Center:**

- (i) Persons suffering a crisis event may, with their consent, be brought to the UVM Medical Center's Emergency Department to speak with Howard Center's Crisis staff. Like Community Outreach staff, these clinicians have specialized training and experience to provide support to those in crisis. Additionally, staff at UVM Medical Center work together and may be able to mandate some level of treatment unavailable to law enforcement.
  
- (ii) Persons may also be brought to UVM Medical Center as part of the emergency examination process if a warrant for such an exam has been obtained. Generally, the person must be determined to be a dangerous person in crisis requiring immediate intervention.